

Certified MBE Utilization

and Fair Solicitation

NOTICE

If the bidder or offeror fails to properly complete and submit this form with the bid or offer, the procurement officer shall deem the bid non-responsive or shall determine that the offer is not reasonably susceptible of being selected for award.

Complete the information requested below in paragraphs 1 and 1a.

1. In conjunction with the bid or offer submitted in response to Solicitation No. _____, I affirm the following:
 - 1a. I acknowledge the overall certified Minority Business Enterprise (MBE) participation goal of _____ percent and, if specified in the solicitation, subgoals of _____ percent for MBEs classified as African American-owned and _____ percent for MBEs classified as women-owned.

Check paragraph 1b. or 1c. If paragraph 1c is selected, fill in the percentage of MBE participation to be achieved (from 0% up to per cent specified in RFP).

- ☐ 1b. I have made a good faith effort to achieve this goal and intend to meet or surpass it. I acknowledge that the MBE subcontractors/suppliers listed in the MBE Participation Schedule (MBE Attachment B) shall be used to accomplish the percentage(s) of MBE participation noted above in 1a.

OR

- ☐ 1c. After having made a good faith effort to achieve the MBE participation goal, I conclude I am unable to achieve it. Instead, I propose to achieve MBE participation of _____% and request a waiver of the remainder of the goal. Within 10 business days of receiving notice that I or the firm I represent is the recommended bidder or recommended offeror, I will submit a written waiver request compliant with COMAR 21.11.03.11. I acknowledge that the MBE subcontractors/suppliers listed in the MBE Participation Schedule (MBE Attachment B) shall be used to accomplish the percentage of MBE participation I am able to achieve as indicated above.
2. I have identified the specific commitment of certified Minority Business Enterprises by completing and submitting an MBE Participation Schedule (MBE Attachment B) with the bid or financial proposal.
 3. I understand that if I am notified that I am the apparent awardee, I must submit the following documentation within 10 working days of receiving notice of the potential award or from the date of conditional award (per COMAR 21.11.03.10), whichever is earlier.
 - (a) Outreach Efforts Compliance Statement (Attachment C)
 - (b) Subcontractor Project Participation Statement (Attachment D)
 - (c) MBE Waiver Request per COMAR 21.11.03.11 (if applicable)
 - (d) Any other documentation required by the Procurement Officer to ascertain bidder or offeror responsibility in connection with the certified MBE participation goal.

I acknowledge that if I fail to return each completed document within the required time, the Procurement Officer may determine that I am not responsible and therefore not eligible for contract award. If the contract has already been awarded, the award is voidable.

4. In the solicitation of subcontract quotations or offers, MBE subcontractors were provided not less than the same information and amount of time to respond as were non-MBE subcontractors.
5. The solicitation process was conducted in such a manner so as to not place MBE subcontractors at a competitive disadvantage to non-MBE subcontractors.

I solemnly affirm under the penalties of perjury that the contents of this paper are true to the best of my knowledge, information, and belief.

Bidder/Offeror Name

Signature of Affiant

Address

Printed Name, Title

Date

Submit this Affidavit with Bid/Technical Proposal
Maryland Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201

MBE Participation Schedule

◀◀◀◀◀ NOTICE ▶▶▶▶▶

The bidder shall complete Part I in all cases. If Box (1b.) is selected in Attachment A, Part II shall be completed to identify all MBE subcontractors, describe the work each will perform and provide the percentage of the Total Contract Amount that each will receive. DO NOT USE "TBD" IN ANY OF THESE FIELDS.. If Box (1c.) is selected on Attachment A, MBE subcontractors that will partially meet the goal shall be identified, or, if a total waiver is requested, Part II need not be completed. In no case, however, shall this Attachment be omitted in its entirety or submitted without completing Part I and signing. If the bidder or offeror fails to submit the form with the bid or financial proposal as required, the procurement officer shall deem the bid non-responsive or shall determine that the offer is not reasonably susceptible of being selected for award.

NOTE: It is essential that if either complete or partial compliance with the MBE goal set out in the solicitation is selected, the sum of the percentages of the Total Contract Price for all of the MBE subcontractors identified below shall at least equal the percentage of MBE subcontracting which is committed to on Attachment A.

PART I.

Prime Contractor: (Firm Name, Address, Phone)	Project Description
Project Number: DHMH OPASS ____ - _____	Total Contract Amount: \$

PART II.

List Information For Each Certified MBE Subcontractor On This Project

A. Subcontractor (Firm: (Name, Address, Phone)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">MBE Certification Number:</div> <div>Minority Firm Tax I.D. Number:</div>
Work to Be Performed:	
Project Commencement Date:	Project Completion Date:
Percentage of Total Contract Price to be provided by this MBE: _____	

B. Subcontractor: (Name, Address, Phone)	MBE Certification Number:
	Minority Firm Tax I.D. Number:
Work to Be Performed:	
Project Commencement Date:	Project Completion Date:
Percentage of Total Contract Price to be provided by this MBE: _____	
C. Subcontractor: (Name, Address, Phone)	MBE Certification Number:
	Minority Firm Tax I.D. Number:
Work to Be Performed:	
Project Commencement Date:	Project Completion Date:
Percentage of Total Contract Price to be provided by this MBE: _____	
D. Subcontractor: (Name, Address, Phone)	MBE Certification Number:
	Minority Firm Tax I.D. Number:
Work to Be Performed:	
Project Commencement Date:	Project Completion Date:
Percentage of Total Contract Price to be provided by this MBE: _____	Percentage of Total Contract:
E. Subcontractor: (Name, Address, Phone)	MBE Certification Number:
	Minority Firm Tax I.D. Number:
Work to Be Performed:	
Project Commencement Date:	Project Completion Date:
Percentage of Total Contract Price to be provided by this MBE: _____	

F. Subcontractor: (Name, Address, Phone)	MBE Certification Number:
	Minority Firm Tax I.D. Number:
Work to Be Performed:	
Project Commencement Date:	Project Completion Date:
Percentage of Total Contract Price to be provided by this MBE: _____	
G. Subcontractor: (Name, Address, Phone)	MBE Certification Number:
	Minority Firm Tax I.D. Number:
Work to Be Performed:	
Project Commencement Date:	Project Completion Date:
Percentage of Total Contract Price to be provided by this MBE: _____	
H. Subcontractor: (Name, Address, Phone)	MBE Certification Number:
	Minority Firm Tax I.D. Number:
Work to Be Performed:	
Project Commencement Date:	Project Completion Date:
Percentage of Total Contract Price to be provided by this MBE: _____	

Sum of Percentages of Total Contract Price

MBE Subcontractor A percentage _____

+ MBE Subcontractor B percentage _____

+ MBE Subcontractor C percentage _____

+ MBE Subcontractor D percentage etc _____

TOTAL Percentage: _____ (Must be equal to or greater than MBE percentage indicated on MBE Attachment A)

Document Prepared By:	
Name	Title

List Additional MBE Subcontractors or Provide Additional Comments on Separate Form.

Outreach Efforts

Compliance Statement

In conjunction with the bid or offer submitted in response to Solicitation No._____, I state the following:

1. Bidder/ Offeror identified opportunities to subcontract in these specific work categories (Attach additional pages if necessary):
 -
 -
 -
 -
2. Attached to this form are copies of written solicitations (with bidding instructions) used to solicit certified MBEs for these subcontract opportunities.
3. Bidder/Offeror made the following attempts to contact personally the solicited MBEs. (Attach additional pages if necessary):
 -
 -
 -
 -
4. ☐ Bidder/Offeror assisted MBEs to fulfill or to seek waiver of bonding requirements. (Describe Efforts) (Attach additional pages if necessary)
- ☐ This project does not involve bonding requirements.
5. ☐ Bidder/Offeror did / did not attend the pre-bid conference.
- ☐ No pre-bid conference was held.

Bidder/Offeror Name

By: _____

Address

Name, Title

Date

To Be Submitted By Recommended Bidder/Offeror

Maryland Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201

Subcontractor
Project Participation Statement

Submit one form for each Certified MBE listed in the MBE Participation Schedule (MBE Attachment B)

Provided that _____ is awarded the State contract in
(Prime Contractor Name)
conjunction with Solicitation No. _____, the Prime Contractor and
_____, MDOT Certification No. _____, _____, intend to
(Subcontractor Name)
enter into a contract by which Subcontractor shall _____
(Describe Work)
\$ _____
(Agreed Upon Dollar Amount)

_____ No bonds are required of Subcontractor.

_____ The following amount and type of bonds are required of Subcontractor:

➤

➤

➤

Prime Contractor Signature

By: _____
Name, Title

Date

Subcontractor Signature

By: _____
Name, Title

Date

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE

MINORITY CONTRACTOR UNAVAILABILITY CERTIFICATE

Section I (to be completed by PRIME CONTRACTOR)

I hereby certify that the firm
of _____

(Name of Prime Contractor)

located at _____,
(Number) (Street) (City) (State) (Zip)

on _____ contacted certified minority business enterprise, _____
(Date) (Name of Minority Business)

_____ located at _____,
(Number) (Street) (City) (State) (Zip)

seeking to obtain a bid for work/service for project number _____, project
name _____

List below the type of work/ service requested:

Indicate the type of bid sought, _____. The minority business enterprise identified
above is either unavailable for the work /service in relation to project number _____, or is unable to
prepare a bid for the following reasons(s):

The statements contained above are, to the best of my knowledge and belief, true and accurate.

(Name) (Title)

(Number) (Street) (City) (State) (Zip)

(Signature) (Date)

Note: Certified minority business enterprise must complete Section II on reverse side.

Section II (to be completed by CERTIFIED MINORITY BUSINESS ENTERPRISE)

I hereby certify that the firm of _____ MBE
Cert.# _____

(Name of MBE Firm)

located at _____
(Number) (Street) (City) (State) (Zip)

was offered the opportunity to bid on project number _____, ON _____
(Date)

by _____
(Prime Contractor's Name) (Prime Contractor Official's Name) (Title)

The statements contained in Section I and Section II of this document are, to the best of my knowledge and belief, true and accurate.

(Name) (Title) (Phone)

(Signature) (Fax Number)

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE
Code of Maryland Regulations (COMAR)
Title 21, State Procurement Regulations
(regarding a waiver to a Minority Business Enterprise subcontracting goal)

COMAR 21.11.03.11 - Waiver.

- A. If, for any reason, the apparent successful bidder or offeror is unable to achieve the contract goal for certified MBE participation, the bidder or offeror may request, in writing, a waiver to include the following:
- (1) A detailed statement of the efforts made to select portions of the work proposed to be performed by certified MBEs in order to increase the likelihood of achieving the stated goal;
 - (2) A detailed statement of the efforts made to contact and negotiate with certified MBEs including:
 - (a) The names, addresses, dates, and telephone numbers of certified MBEs contacted, and
 - (b) A description of the information provided to certified MBEs regarding the plans, specifications, and anticipated time schedule for portions of the work to be performed;
 - (3) As to each certified MBE that placed a subcontract quotation or offer that the apparent successful bidder or offeror considers not to be acceptable, a detailed statement of the reasons for this conclusion;
 - (4) A list of minority subcontractors found to be unavailable. This list should be accompanied by an MBE unavailability certification signed by the minority business enterprise, or a statement from the apparent successful bidder or offeror that the minority business refused to give the written certification: and
 - (5) The record of the apparent successful bidder or offeror's compliance with the outreach efforts required under Regulation .09B(2)(b).
- B. A waiver of a certified MBE contract goal may be granted only upon reasonable demonstration by the bidder or offeror that certified MBE participation was unable to be obtained or was unable to be obtained at a reasonable price and if the agency head or designee determines that the public interest is served by a waiver. In making a determination under this section, the agency head or designee may consider engineering estimates, catalogue prices, general market availability, and availability of certified MBEs in the area in which the work is to be performed, other bids or offers and subcontract bids or offers substantiating significant variances between certified MBE and non-MBE cost of participation, and their impact on the overall cost of the contract to the State and any other relevant factor.
- C. An agency head may waive any of the provisions of Regulations .09-.10 for a sole source, expedited, or emergency procurement in which the public interest cannot reasonably accommodate use of those procedures.
- D. When a waiver is granted, except waivers under Section C, one copy of the waiver determination and the reasons for the determination shall be kept by the MBE Liaison Officer with another copy forwarded to the Office of Minority Affairs.

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE

MINORITY BUSINESS ENTERPRISE PARTICIPATION

Prime Contractor Unpaid MBE Invoice Report

To Be Completed Monthly by Prime Contractor

Report Month/Yr _____
Report Due by 15th of following month.

Contract # _____	
Contracting Unit _____	
Contract Amount _____	
MBE Subcontract Amount _____	
Contract Begin Date _____	End Date _____
Services Provided _____	

Prime Contractor Name _____		Contact Person _____
Address _____		
City _____	State _____	Zip _____
Phone _____	Fax _____	email _____

Subcontractor Name _____		Contact Person _____
Address _____		
City _____	State _____	Zip _____
Phone _____	Fax _____	email _____
Subcontractor Services Provided _____		

List any unpaid invoices over 30 days old received from this vendor and reason for non-payment.

1. _____
2. _____
3. _____

Total Amount Unpaid \$ _____

****If more than one MBE subcontractor is used for this contract, please use separate report forms. Return one copy of this form to each of the following (3) addresses:**

_____ Contract Monitor
 _____ Contracting Unit
 DHMH

Ms. Beverly Spence
 Maryland DHMH
 Office of Community Relations
 201 W. Preston St. 5th floor
 Baltimore, MD 21201

Signature _____ Date _____

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE
MINORITY BUSINESS ENTERPRISE PARTICIPATION

Subcontractor Payment Report

To Be Completed Monthly by MBE Subcontractor

Report Month/Yr
Report Due by 15th of following month.

Contract #	
Contracting Unit	
Contract Amount	
MBE Subcontract Amount	
Contract Begin Date	End Date
Services Provided	

Prime Contractor Name		Contact Person	
Address			
City		State	Zip
Phone	Fax	email	
Subcontractor Services Provided			

MBE Subcontractor Name		MDOT Certification #	
Contact Person		Address	
City		State	Zip
Phone	Fax	email	
Subcontractor Services Provided			

List all payments received from Prime		List dates and amounts of any outstanding invoices sent to Contractor in the preceeding 30 days.	
Invoice #	Amount \$	Date`	Amount \$
1.		1.	
2.		2.	
3.		3.	
Total Dollars Paid \$	_____	Total Dollars Unpaid \$	_____

Return one copy of this form to each of the following (3) addresses:

_____ Contract Monitor
 _____ Contracting Unit
 DHMH

Ms. Beverly Spence
 Maryland DHMH
 Office of Community Relations
 201 W. Preston St. 5th floor
 Baltimore, MD 21201

Subcontractor Signature _____ Date _____